# MINORITY ORGAN & TISSUE TRANSPLANT EDUCATION PROGRAM OF RICHMOND

9/19/ "STEPPING UP TO A HEALTHIER LHESTYLE

### BUT THE PICTURE GETS MUCH LARGER







### WISSION

THE MISSION OF THE MINORITY ORGAN & TISSUE TRANSPLANT EDUCATION PROGRAM OF RICHMOND IS TO REDUCE THE NUMBER AND RATE OF ETHNIC MINORITY AMERICANS NEEDING ORGAN AND TISSUE TRANSPLANTS.

MOTTEP'S MISSION WILL BE A CHIEVED BY AN EDUCATIONAL CAMPAIGN THAT EMBRACES BOTH PREVENTION AND INTERVENTION STRATEGIES THAT WILL RESULT IN:

### MISSION

- \* HEALTHIER LIFE STYLES AND BEHAVIORAL PATTERNS
- \* DISEASE PREVENTION AND HEALTH MAINTENANCE
- \* INCREASED HEALTH AWARENESS
- \* INCREASED NUMBER OF MINORITY DONORS AND TRANSPLANT RECIPIENTS;
- \* INCREASED NUMBER OF FAMILY DISCUSSIONS REGARDING ORGAN AND TISSUE TRANSPLANTS AND THE PREVALENCE OF FAMILY DISEASES; AND
- INCREASED NUMBER OF MINORITY DONOR PLEDGES/ DONOR CARDS SIGNED

### HISTORY

- SINCE JUNE 1993, THE MINORITY ORGAN AND TISSUE TRANSPLANT EDUCATION PROGRAM (MOTTEP®)
- \* ACTIVELY WORKING TO SOLVE THE NUMBER ONE PROBLEM IN TRANSPLANTATION, THE SHORTAGE OF ORGAN AND TISSUE DONORS.
- \* NEARLY 47% OF THE WAITING LIST REPRESENT MINORITIES.
- SIXTEEN (16) PERSONS DIE PER DAY WAITING FOR A LIFE SAVING TRANSPLANT.

### HISTORY

- \* MOTTEP® IS THE FIRST PROGRAM OF ITS KIND
  - DESIGNED TO EDUCATE MINORITY
    COMMUNITIES ON FACTS ABOUT ORGAN AND
    TISSUE TRANSPLANTATION
  - EMPOWER MINORITY COMMUNITIES TO DEVELOP TRANSPLANT EDUCATION ACTIVITIES AND BECOME INVOLVED IN ADDRESSING THE SHORTAGE OF ORGAN AND TISSUE DONORS,
  - AFRICAN AMERICANS, HISPANICS, NATIVE AMERICANS, ASIANS, PACIFIC ISLANDERS AND ALASKA NATIVES WILL BECOME AWARE OF THE NEED FOR MORE MINORITY DONORS

### HISTORY

+ TWO MAJOR FOCUSES,

- FIRST THE INCREASED
AWARENESS AMONG ALL
MINORITIES

-SECOND, THE PRACTICE OF DISEASE PREVENTION WITHIN OUR COMMUNITIES

### DONATION RATE BY RACE

•		To Date	2006	2005	2004	2003	2002	2001
All	Ethnicities	106,304	7,383	7,593	7,150	6,457	6,190	6,080
•	White	79,545	4,995	5,176	4,968	4,514	4,474	4,429
<b>.</b>	Black	12,784	1,136	1,136	978	861	785	740
<b>♦</b> .	Hispanic	10,890	1,021	1,029	950	822	733	711
<b>.</b>	Unknown	216				15	1	
<b>♦</b> :	Asian	1,824	159	153	156	141	111	137
•	Amer. Ind.	317	21	40	25	15	22	15
<b>♦</b> .	Pacific Islander	252	17		14	26	23	22
	Multiracial	476	34	50	59	55	41	25

### DONATION RATE BY RACE

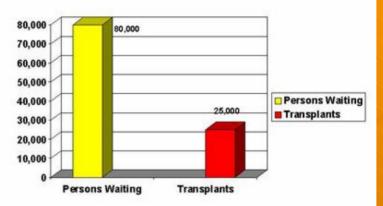
#### **BONE MARROW**

At any given moment, more than 3,300 persons are searching the bone marrow registry.

#### DIABETES

Diabetes is the 7th leading cause of death. Type 1 diabetes usually occurs within children. Type 2 diabetes is the most common form of diabetes, usually occurring after age 45. Complications include: blindness, kidney disease, amputations, heart attack and stroke.

Minorities Donate In Proportion To Their Population Distribution



#### Prevalence in African Americans:

- Approximately 2.3 million
   African Americans have diabetes. 1/3 of them do not know it.
- · African Americans are 1.7 times more like to have diabetes, than Non-Latino Whites.
- 25% of African Americans between the ages of 65 and 74 have diabetes.
- . 1 in 4 African American women over 55 years of age have diabetes.

#### Prevalence in Native Americans:

- . Native Americans have the highest rates of diabetes in the world.
- Type 2 diabetes among Native Americans is 12.2% for those over 19 years of age.
- Diabetes has reached epidemic proportions among Native Americans. Complications from diabetes are major causes of death and health problems in most Native American populations.
- Amputations among Native Americans are 3-4 times higher than the general population.

#### Prevalence in Hispanics/Latinos:

## TRANSPLANTATION RATE BY RACE

•	To Date	2006	2005	2004	2003	2002	2001
All Ethnicities	391,229	26,687	28,112	27,035	25,470	24,907	24,218
♦ White	265,120	16,747	17,836	17,241	16,415	16,366	16,094
💠 Black	67,552	5,089	5,244	4,923	4,631	4,371	4,266
♦ Hispanic	39,958	3,356	3,396	3,298	3,026	2,874	2,668
◆ Unknown	169				3	4	
♦ Asian	12,475	1,072	1,148	1,080	929	872	819
♦ Am. Ind.	2,823	216	194	216	191	165	163
• Pacific Isla	1,196	75	103	91	103	91	91
<ul><li>Multiracial</li></ul>	1,936	132	191	186	172	164	117

### THE NEED

- \* MOTTEP WAS DEVELOPED IN RESPONSE TO THREE SERIOUS HEALTH PROBLEMS FOR MINORITIES IN THE UNITED STATES.
  - FIRST, > 47% ON THE NATIONAL TRANSPLANT WAITING LIST FOR ORGAN TRANSPLANTS WERE MINORITIES,
  - ONLY 25% OF THE DONOR POOL WAS COMPOSED OF MINORITY DONORS.
  - SECOND, MINORITIES HAVE DISPROPORTIONATELY HIGH RATES OF HEART DISEASE, DIABETES, AND HYPERTENSION;
  - MORE MINORITIES ARE NEEDED TO GIVE
  - A THIRD AND MOST RECENTLY ADDRESSED CONCERN IS

### THE CURRENT WAITING LIST -101,686 IN US

•	Heart / Lung	All Organs Intestine	Kidney	Liver	Pancreas	Kidney / Pan	creas	Heart	Lung
•	All Ethnicities	101,686 241	73,933	17,428	1,778	2,444		2,852	2,876
•	White 99	49,653 159	29,248	12,558	1,476	1,679		2,066	2,368
•	Black 14	28,119 40	25,554	1,191	169	415		466	270
•	Hispanic 168	15	16,110 34	12,615	2,675	102		271	230
•	Unknown		4	1	2				1
•	Asian 7	5,777 7	4,796	826	17	39		50	40
•	American Indian	901	774	80		7	18	10	9
	Pacific Islander G		527 0	474	23			11	1
•	Multiracial 15		595 O	471	73	6		11	18

### BUT THE PICTURE IS EVEN BIGGER



### "STEPPING UP TO A HEALTHIER LIFESTYLE"

- \* MOTTEP'S MISSION PLAYS AN IMPORTANT ROLE
  - ASSURING IMPROVEMENT IN THE OVERALL HEALTH
  - EDUCATE THE COMMUNITY ABOUT THE DANGERS ASSOCIATED WITH HYPERTENSION, DIABETES, ALCOHOL & SUBSTANCE ABUSE, POOR NUTRITION AND LACK OF PHYSICAL ACTIVELY
  - PROVIDING PRACTICAL INFORMATION ON LIFESTYLE CHANGES THAT WILL SERVE TO REDUCE THE RATE OF DISEASES IN THE COMMUNITY
  - TO CONTROL THESE DISEASES IN THOSE PERSON WHO HAVE ALREADY BEEN DIAGNOSED.

# SOCIAL AND BEHAVIORAL INTERVENTIONS TO INCREASE ORGAN AND TISSUE DONATION

\* MOTTEP CONTINUES TO FOCUS ON ACTIVITIES SUCH AS:

- ONE-ON-ONE PRESENTATIONS,
- GROUP PRESENTATIONS,
- CHURCH PRESENTATIONS,
- SEMINARS,

- INCREASED PHYSICAL ACTIVITY,
  - \*SOC HOPS,
  - + SLEEP-INS,
  - + RADIO BROAD CASTS,
  - \* TELEVISION BROAD CASTS,
  - \*EDUCATIONAL CURRICULA FOR FOURTH AND FIFTH GRADERS, HIGH SCHOOL STUDENTS AND FOR HISTORICAL BLACK COLLEGES AND UNIVERSITIES.
- CULTIVATE A VERY POSITIVE ATTITUDE TOWARD ORGAN AND TISSUE DONATION AS WELL AS:
- LIVING A HEALTHIER LIFESTYLE.
- TO PREVENT GETTING TO END STAGE ORGAN FAILURE

### CITIZEN'S ACTION GROUP

- \* MOTTEP OF RICHMOND REACHES APPROXIMATELY 15,000 PERSONS EACH YEAR THROUGH COMMUNITY OUTREACH ACTIVITIES.
- \* MOTTEP WILL HAVE MULTIPLE OPPORTUNITIES TO SPEAK BEFORE INDIVIDUALS AS THEY INTERACT AT SPECIAL EVENTS WITHIN THE COMMUNITIES.
  - HEALTH FAIRS,
  - COMMUNITY DAY OUTINGS,
  - COMMUNITY RALLIES,
  - VOTER REGISTRATIONS, ETC.

### MOTTEP TELEHEALTH PROJECT

- \* COMMUNITY INDIVIDUALS BETWEEN 18-65 ARE NEEDED TO PARTICIPATE IN THE TELEHEALTH HYPERTENSION PROJECT.
- \* TELEHEALTH CENTER GOALS:
- \* SEEKING MORE EFFECTIVE WAYS TO ASSIST PATIENTS SELF-MANAGE CHRONIC DISEASE
- EXPANDING ACCESS TO HEALTH MANAGEMENT SERVICES
- \* ESTABLISHING & FOLLOWING PERSONALIZED HEALTH MAINTENANCE PLANS
- \* PROVIDE REGULAR FEEDBACK TO PATIENTS ON THEIR INDIVIDUAL HEALTH CONDITION

RAISING AWARENESS & KNOWLEDGE ON CAUSES OF CHRONIC DISEASES

ULTIMATE GOAL: "REDUCING ETHNIC HEALTH DISPARITIES"

# FOCUS ON CHRONIC DISEASES AND OTHER DISEASES THAT LEAD TO ESOF

- 1. HYPERTENSION
- 2. DIABETES
- 3. CANCER
- 4. LACK OF EXERCISE
- 5. COPD
- 6. CHRON'S

### CRITERIA FOR DONATION WAS STRICT OVER THE YEARS

- \*-INITIALLY, THE SELECTION OF DONORS WAS VERY CONSERVATIVE
- \*I.E., NO CANCER, INSULINDEPENDENT DIABETICS, HIV, ETC.

# BUTTIMES HAVE CHANGED \* NEED INCREASED

- + SELECTION CRITERIA HAS
  LOOSENED ITS BELT
- \*WE ARE ACCEPTING A BROADER PARAMETER OF POTENTIAL DONORS

+ Washardroka kaka MOVING OUT OF THE CONVENTIONAL REALINGOF MERELY LOOKING FOR THE "HEALTHY DONOR," AND WE OFFER PLAUSIBLE SOLUTIONS TO NOT HE VING THE NEED BE SO GREAT.

# THUS, THE PICTURE GETS EVEN LARGER



### WEENTER WITH TELEHEALTH TECHNOLOGY

### **Telehealth Kiosk**

#### **Dimensions:**

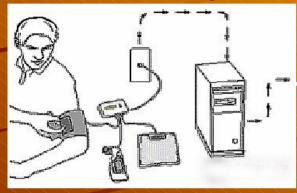
- 30" Wide
- 33" Deep
- 47" High
- 30½" Floor Height
   to Key Board



### HOWITALL WORKS?!

**Study Participant** 

**@ Community Site** 



Community
Counselor @
Community Site



**Nurse Manager** 



Patient's Primary
Care Physician



Authentidation

MS OLC Server

MS OLC Server

MITRANC NETWORK CORE

**Medical Specialists** 



### HOW IT ALL WORKS?!

**CARDIOLOGIST** 

**NUTRITIONIST** 

**EXERCISE**THERAPIST

**PSYCHOLOGIST** 

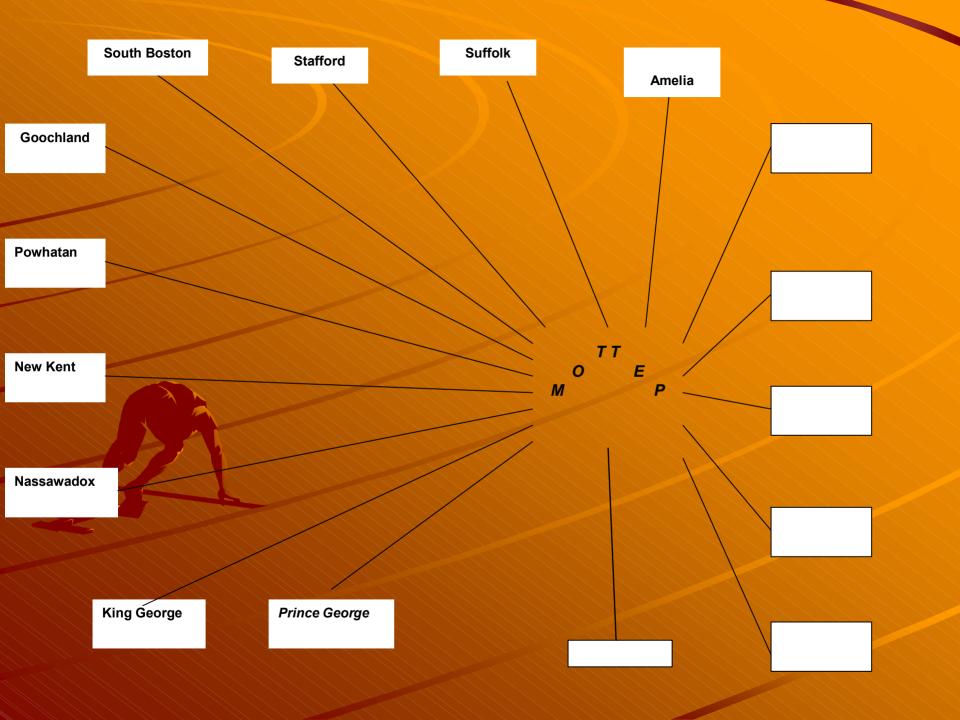


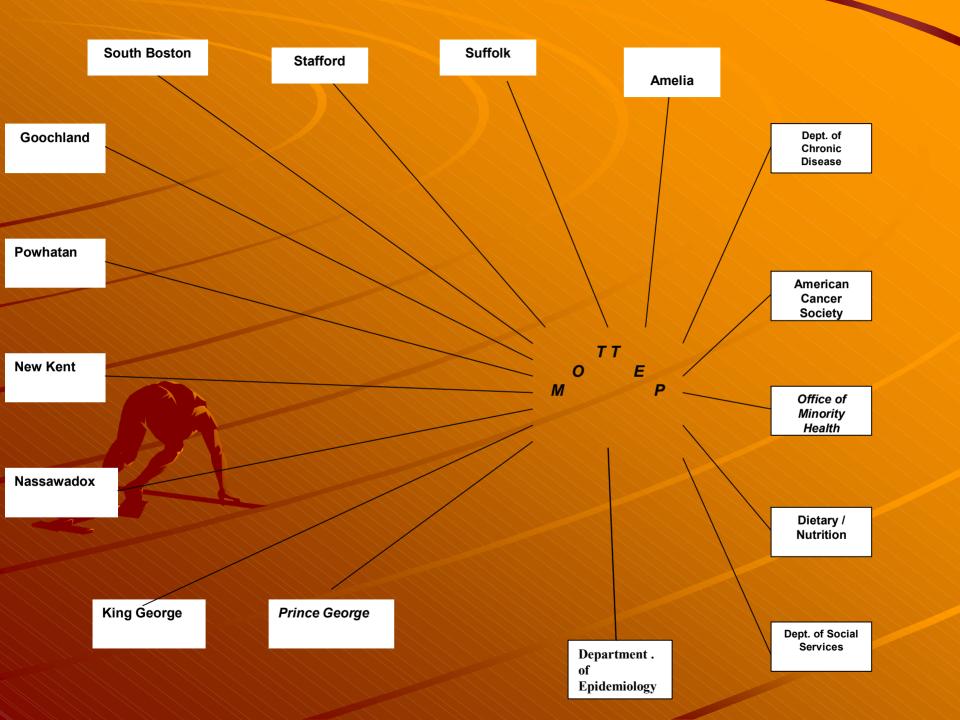
# 1. ESTABLISHING THE MULTITUDE OF LOCATIONS INVOLVED IN TELEHEALTH ACCESS

2. WE DEVELOPED A
NETWORK

#### **Telehealth Programs in Potential Rural Areas**

<u>County/City</u>	Dept.	<u>Telephone #</u>	Contact Person	Other Info.
Amelia	DSS	561-2681	Martha Pullen  Ms. Bishon / Mr. Horton	-Director - would like to
Suffolk	DSS	757-923-3000		ort meeting with DSS /
Suffolk	Health	757-686-4900	Nancy Cisco	
Stafford	Health	540-659-3101	Jean Johnson	
South Boston	Health	434-738-6815	Lori Ammons	
Goochland	Health	556-5840	Sally Graham	Free Clinic
Powhartan	Health	598-5680	Betty Fischer	598-5688 (fax)
New Kent	Health	966-9640		left message
Nassawadox	Health	757-442-6228		left message
King George	Health	540-775-3111	Linda Graham	
Prince George	Health	733-2630 ext. 317	Charles Leonard	





# THUS, THE PICTURE BECOMES COMPLETE



### THE TOTAL PICTURE

+ THIS ALLOWS ANY AREM OF HEALTHCARE OR AGENCY TO BE ABLE TO DISSEMINATE THERR HEALTH INFORMATION TO OTHERWISE UNREACHABLE COMMUNITES